

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/763836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		2		/		/	53						
4		0		/		/	54						
5		0		/		/	55						
6		0		/		/	56						
7		0		/		/	57						
8		0		/		/	58						
9		0		/		/	59						
10		0		/		/	60						
11		0		/		/	61						
12		0		/		/	62						
13		0		/		/	63						
14		0		/		/	64						
15		0		/		/	65						
16		0		/		/	66						
17		0		/		/	67						
18		0		/		/	68						
19		0		/		/	69						
20		0		/		/	70						
21		0		/		/	71						
22		0		/		/	72						
23		0		/		2	73						
24	/		/		/		74						
25	/		/		/		75						
26	/		/		/		76						
27	/		/			2	77						
28		0		/		/	78						
29		0		/		/	79						
30		0		/		/	80						
31		0		/		/	81						
32		0		/		/	82						
33		0		/		/	83						
34		0		/		/	84						
35		0		/		2	85						
36		0		/		/	86						
37		0		/		/	87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	5	↓	5	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	33	↓	32	↓	34	↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	38		37		39		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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